

## Amendment # 1

This is an Amendment to the Quantity Purchase Agreement #9526 entered into by and between All State Agencies (hereinafter referred to as "State") and Aladdin Temp Rite LLC (hereinafter referred to as "Contractor") dated May 1, 2003.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree to price changes as follows:  
The allowed is based on the fact that the agencies have decreased the number of trays needed per meal.

Line Item	Description	Old Price	New Price	Effective
19.	Cosmo 1 Trayline & Meal Delivery System, Lease/Rental, Richmond State Hospital	\$580.00/mo	\$170.62/mo	7/1/03
23.	Cosmo 1 Trayline & Meal Delivery System, Lease/Rental, Madison State Hospital	\$487.00/mo	\$211.54/mo.	6/1/03

Total amount of this action is \$ N/A. Total remuneration of this contract is not to exceed \$ N/A.  
N/A due to quantities are based on estimated amounts established on the QPA agreement.

All other matters previously agreed to and set forth in the original agreement and not affected by this Amendment shall remain in full force and effect.

### Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this agreement other than that which appears upon the face of the agreement.

In Witness Whereof, Contractor and the State of Indiana have, through duly authorized representatives, entered into this agreement. The parties having read and understand the foregoing terms of the contract do by their respective signatures dated below hereby agree to the terms thereof.

#### Contractor:

(Where Applicable)

By: Jim Jorgensen  
Printed Name: Jim Jorgensen  
Title: Contract Analyst  
Date: 6/4/03

Attested By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### State of Indiana Agency:

By: Melissa Cline  
Printed Name: Melissa Cline  
Title: Purch. Admin.  
Date: 6/8/03

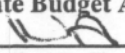
#### Data Processing Oversight Commission

By: NA  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

#### Department of Administration

Debra Deaton-Russ  
David Perlini, Commissioner  
Indiana Department of Administration  
Date: 6/8/03

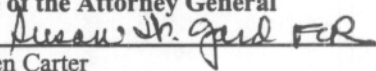
State Budget Agency

  
Marilyn F. Shultz

Director

Date: \_\_\_\_\_

Office of the Attorney General

  
Stephen Carter

Attorney General

Date: 6-23-03